

## **CLAIMS ONLY**

Application Number

**Filing Date**

**Applicant(s)**

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
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7						
8						
9						
10	1					
11						
12		1				
13	1					
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50						
Total Indep	3					
Total Depend	0					
Total Claims	3					

	Indep	Depend	Indep	Depend	Indep	Depend
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100						
Total Indep						
Total Depend						
Total Claims						